



## One Stop Employment and Training Opportunities

2500 E. Cooley St, Ste 410  
Show Low, AZ 85901  
Phone: (928) 532-4313  
Fax: (928) 532-4367

100 E. Carter/PO Box 668  
Holbrook, AZ 86025  
Phone: (928) 524-4323  
Fax: (928) 524-4254

321 E. 3<sup>rd</sup> Street  
Winslow, AZ 86047  
Phone: (928) 289-4644 x 103  
Fax: (928) 289-0450

74 N. Main St, Ste 5,7  
Eagar, AZ 85925  
Phone: (928) 333-4454  
Fax (928) 333-2903

### INTEREST FORM FOR REPRESENTATION ON THE NAVAJO/APACHE COUNTIES WORKFORCE INVESTMENT BOARD

The purpose of this form is to obtain information about qualifications and interest in serving on the Local Workforce Investment Board (LWIB). If you have recently prepared a resume or biography, please attach a copy to this form.

#### PERSONAL DATA

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

#### EDUCATION

Schools attended	Address	Date	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **EMPLOYMENT**

List major employment chronologically beginning with present.

<u>Dates</u>	<u>Employer</u>	<u>Position</u>	<u>Location</u>

## **RELATED ACTIVITIES**

List volunteer activities, elective offices held, participation in organizations related to job training and other activities that may be relevant to your interest in serving the Local Workforce Investment Board.

<u>Dates</u>	<u>Activity/Office</u>	<u>Location</u>

## **DESCRIPTION OF INTEREST**

CATEGORY TO REPRESENT (Check One)    ☐ Business    ☐ Education

☐ Organized Labor    ☐ Economic Development    ☐ Mandated One Stop Partner

☐ Community Based Organizations

## **REFERENCES**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## **For Internal Use Only**

New Applicant/Recertification

(Circle One)

Application Approved/Denied

(Circle One)

Date Approved by LWIB \_\_\_\_\_

Reason Denied \_\_\_\_\_

Membership Expires \_\_\_\_\_

Original Approval Date \_\_\_\_\_

Member Represents \_\_\_\_\_